

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.

FILING DATE

APPLICANT(S)

09/437352

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						61					
2							62	/				
3							63					
4							64					
5							65	/				
6							66					
7							67					
8							68					
9							69					
10							70					
11							71					
12							72					
13							73					
14							74					
15							75					
16	/						76					
17							77					
18							78					
19							79					
20							80					
21							81					
22							82					
23							83					
24							84					
25							85					
26							86					
27	/						87					
28							88					
29							89					
30							90					
31							91					
32							92					
33							93					
34							94					
35							95					
36							96					
37							97					
38	/						98					
39	/						99					
40							100					
41							TOTAL	IND.	10			
42	/						TOTAL	DEP.	48			
43							TOTAL					
44							TOTAL					
45	/						TOTAL					
46							TOTAL					
47							TOTAL					
48							TOTAL					
49	/						TOTAL					
50							TOTAL					
TOTAL							TOTAL					
TOTAL							TOTAL					
TOTAL							TOTAL					

BEST AVAILABLE COPY

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